

TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Application Number	10/591,910						
			Filing Date	September 7, 2006						
			First Named Inventor	Sei Yang YANG						
			Group Art Unit							
			Examiner Name							
Total Number of Pages in This Submission 2			Attorney Docket Number	043946-4						
ENCLOSURES (check all that apply)										
Fee Transmittal Form Fee Attached Amendment / Reply After Final Aftidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts				After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):						
under 37 CFR 1.52 or 1.53										
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Thomas W. Cole, Reg. No. 28,290										
or Individual name										
Signature		Col								
Date November 20, 2006										
CERTIFICATE OF MAILING OR TRANSMISSION										
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. (571) 273-8300) on the date shown below.										
Name (Print/Type) Sharon L. Tabor										
Signature Sha	ion d	. Jak	por	Date 70v. 20, 2006						

Sharon L. Tabor

Application Number

RECEIVED CENTRAL FAX CENTER

NOV 2 0 2006

10/591,910

CORRESPONDENCE ADDRESS		Filing Date		September 7, 2006							
Application		First Named Inventor		Sei Yang YANG							
		Art Unit									
Address to: Commissioner for Patents	Examiner Name										
P.O. Box 1450 Alexandria, Virginia 22313-1450	Attorney Docket Number		043946-4								
Please change the Correspondence Address for the above-identified application to:											
The address associated w Customer Number:	570										
OR											
☐ Firm or Individual Name											
	Address										
Address		54.4.			200						
City		State			210P	<u> </u>					
Country			Fax								
Telephone											
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Certificate under 37 CFF 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number											
Signature J house Colo											
Printed Name I HOMAS VV. COIE											
Date November 20, 2006											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
Total of forms are submitted.											
CERTIFICATE OF MAILING OR TRANSMISSION											
1 hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571) 273-8300 on Tomanher 20, 2006											